

Efforts To Improve Care Ineffective

Ways Sought To Bring Poor Performers Up To Speed: Study

The Centers for Medicare & Medicaid Services (CMS) said it will form a new federal-state workgroup to study a range of strategies for giving nursing facilities incentive to maintain long-term compliance after they have been disciplined for poor care.

CMS made the announcement in response to a new Government Accountability Office (GAO) report specifically on the infrequent use of the temporary management sanction for troubled nursing facilities. The temporary management sanction refers to the temporary replacement of a facility's management by CMS.

The GAO report answered a request by Sens. Herb Kohl (D-Wis.) and Charles Grassley (R-Iowa), along with Reps. Henry Waxman (D-Calif.), Pete Stark (D-Calif.), and Jan Schakowsky

(D-Ill.), on the federal government's use of sanctions on nursing facilities whose negligent practices were found to be harming residents.

In the report, GAO gathered information from every state in which the

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federal temporary management sanction had been put into action between 2003 and 2008, finding that use of the sanction was very rare.

During this period, the temporary management sanction was applied

only 14 times to nursing facilities in 10 states, GAO found. In 11 of the 14 facilities, officials used the sanction with the objective of returning the facility to compliance with federal quality-of-care requirements.

The sanction was effective in bringing 10 of the 11 facilities back to compliance in the short term, but as of August 2009, one of those facilities had shut down, and four received citations for immediate jeopardy requiring longer-term solutions.

The report also found obstacles to the use of the sanction.

For example, state inspectors reported that in some cases they were unable to locate a temporary management company that could step in immediately and seamlessly take over the operations of a nursing facility in crisis.

GAO also said time constraints and inadequate funding were among the barriers encountered.

CMS agreed with GAO's assessment that the federal government can do more to provide guidance and best practices to states and regional offices that would help them implement the temporary management sanction more effectively when needed.

However, the agency said it did not plan to implement another GAO recommendation that CMS work with states to develop a list of temporary managers who are qualified to step in on short notice and mitigate crises of care at nursing facilities, saying the task would require too many resources to develop and maintain.

All of the requestors are co-sponsors of the Nursing Home Transparency and Improvement Act, a bill included in both Senate and House health reform legislation.

—Patrick Connoles

CMS Eyes Hospital Admitting Practices

During its monthly open door forum in December, officials with the Centers for Medicare & Medicaid Services (CMS) said hospitals have received notification that they are being closely watched concerning their admission practices.

Sheila Lambowitz, CMS' director, division of institutional post-acute care, said the agency "is working to get a better handle on the use of observational days instead of inpatient stays."

The issue, she said, is how hospitals decide whether to admit certain people or refer them elsewhere.

"We need to admit based on medical needs, not social needs," Lambowitz said.

"Admissions up to this point may have been made because a hospital didn't know how to handle transfer arrangements," and the patient had nowhere else to go.

Nursing facilities rely on hospitals as referral sources, and how patients are categorized while in the hospital influences payment methods and related issues.

There were no further details on the monitoring efforts.

—Patrick Connoles

